Conyers, GA 30013
Fax: 800-760-5550
Email: CSR@newtonlabs.net

Wholesale Account Application

Business Contact Information

Business Name:			
Street Address:			
City:		**State:**	**Zip:**
Phone:	**Fax:**	**Email:**	
Owner/Practitioner:			
Primary Purchasing Contact:			
Years in Business:	**Sales Tax / Resale Certificate #**		

Supporting Documentation

☐ **Business license or other documentation verifying business operations**

Sales Tax Information

☐ **Sales tax exemption certificate (if applicable)**

Please note that a sales tax exemption certificate is not required for all applicants to qualify for wholesale purchasing.

Applicable sales tax will be charged unless valid exemption documentation is provided and accepted.

Professional (PRO) Product Eligibility

Are you requesting access to NEWTON's Professional (PRO) product line?

☐ **Yes** ☐ **No**

If requesting PRO access, please submit the following documentation with your completed application.

☐ **Copy of current professional license, certification, or diploma**

Professional Designation / Credentials:

☐ **Documentation of homeopathic education or training (if applicable)**

☐ **Completed and signed NEWTON PRO Notice of Requirements**

Access to NEWTON's Professional (PRO) product line requires verification of qualifying professional credentials and separate approval.

Approval of a wholesale account does not automatically authorize the purchase of PRO products.

Application Acknowledgment

I confirm that the information provided is accurate and understand that wholesale account eligibility is subject to NEWTON review and approval.

Submission does not guarantee approval.

Newly approved wholesale accounts must place an initial order within three months of account activation to remain active.

Authorized Representative

Signature:
Printed Name:
Title:
Date:

Manufactured in America
Woman/Veteran-Owned

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